PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

Under the Paperwork Rec	ed to re	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
				Application Number 1		0/743,740-Conf. #9686			
FEE TRANSMITTAL				Filing Date	C	December 24	, 2003		
For FY 2005				First Named Inventor Eiichi IISH		iichi IISHI			
FOI FT 2005				Examiner Name K.		K. Habte			
Applicant claims small entity status. See 37 CFR 1.27				ALCOM		1624			
TOTAL AMOUNT OF PAYMENT (\$) 200.00				Attorney Docket	422-0619P				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION	137 0110 1.10	and 1.17							
1. BASIC FILING, SEAR	CH. AND EXAM	MINATION FEES				-			
		G FEES	SEA	RCH FEES	EXAMIN.	ATION FEES	3		
Application Type	Fee (\$)	Small Entity	ee (\$)	Small Entity	Fee (\$)	Small Entity	Enne	Pald (\$)	
Utility	300		500	Fee (\$) 250	200	Fee (\$) 100	1 003	raid (9)	
Design	200		100	50	130	65			
Plant	200		300	150	160	80			
Reissue	300		500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES		100	v	Ü	v	v		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues) Multiple dependent claims							200	100 180	
							360		
				ald (\$)	_	Itiple Depend			
6 - 20 = 0 x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								_	
4 -3 = 1 × 200.00 = 200.00									
HP = highest number of indep	endent claims paid	for, if greater than 3.						_	
3. APPLICATION SIZE F									
If the specification and									
listings under 37 CFI sheets or fraction the					or small en	tity) for each a	additional 5	U	
Total Sheets	Extra Sheets			Iditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)	
- 100 =		/50		(round up to a who					
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing	surcharge):								
SUBMITTED BY									
Signature Carty 20 #43575				Registration No. Attorney/Agent) 28,977 Telephone (703) 205-8000					
						Date :	Date September 11, 2006		
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